



PTO/SB/21 (09-04)

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|---|----------------------|------------------------|-------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/665,643             |             |
|   | Filing Date          | 09/19/2003             |             |
|   | First Named Inventor | Jeffrey J. Young       |             |
|   | Art Unit             | 2635                   |             |
|   | Examiner Name        | Yacob, Sisay           |             |
| Total Number of Pages in This Submission  | 11                   | Attorney Docket Number | 81230.96US1 |

| ENCLOSURES (Check all that apply)  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><br>- check # 11712 for \$300.00 (to pay for 6 additional claims)<br>- return postcard |
| Remarks  |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |        |
|--|--|----------|--------|
| Firm Name                                  | Customer No. 34018<br>Greenberg Traurig, LLP |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Gary R. Jarosik                              |          |        |
| Date                                       | December 12, 2006                            | Reg. No. | 35,906 |

| CERTIFICATE OF TRANSMISSION/MAILING   |             |      |                   |
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| Signature   |             |      |                   |
| Typed or printed name   | Ranni Matar | Date | December 12, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|             |                            |   |             |              |
|-------------|----------------------------|---|-------------|--------------|
| Applicant:  | Young                      | ) | Examiner:   | Yacob, Sisay |
|             |                            | ) |             |              |
| Serial No.: | 10/665,643                 | ) | Art Unit:   | 2635         |
|             |                            | ) |             |              |
| Filed:      | September 19, 2003         | ) | Attny Doc.: | 81230.96US1  |
|             |                            | ) |             |              |
| Title:      | System And Method For      | ) |             |              |
|             | Measuring And Presenting   | ) |             |              |
|             | Memory Size Of A Universal | ) |             |              |
|             | Remote Control             | ) |             |              |

RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of November 28, 2006 please enter the amendments to the claims which begin on page 2 of this paper and consider the remarks/arguments which begin on page 10 of this paper.

The Commissioner is authorized to charge any fee deficiency or credit overpayment to deposit account 50-2428 in the name of Greenberg Traurig.

12/19/2006 TBESHAH1 00000044 10665643

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Certificate of Mailing: The undersigned hereby certifies that this document and its enclosures are being deposited with the U.S. Postal Service as First Class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 12th day of December, 2006.

By: Ranni Matar  
Ranni Matar